

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	1					
16	1					
17	1					
18	1					
19	2					
20						
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46						
47			1			
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	25					
TOTAL CLAIMS	27					

CLAIMS	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												